DISCLOSURE SUMMARY PAC			DR-2 DISCLOSURE (Rev. 05/2002) REPORT
IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City C	4)County/Local Candidate entral Committee		For Office Use Only Comm. # 94.55 Indexed Liv
CANDIDATE COMMITTEES ONLY: Candidate Name Office Sought GRATURE OF TREASURER (or person filing this report)	Political Party District (if Senate or Ho		OCT 2 1 2004 Sm 10-19 DATE SIGNED
Routine Penalties Due For Late EE INSTRUCTIONS ON BACK AND COMPLETE THE AM FILING A (report date) (CHECK IF AMENDMENT TO REPORT DATED The Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Discourse in the continue of the continue	REPORT FOR AN/A (1) I	NCE: ELECTION Indicate or Local Cor	/(2)NON-ELECTION YEAR.
ASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is fir ADD TOTAL MONEY TAKEN IN THIS PERIOD	s the cash on hand at the	end	1287.45
Schedule A: Cash Contributions total (Attach Schedul Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach (Schedule H applies to Candidates' Comm	h Schedule H)	••••	2050,00
Amended Item SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (** Schedule F: Loan Repayments total (Attach Schedule	SUB also see debts and loans		3337,45
SH ON HAND at the end of this reporting period (if final repo	rt, balance must	\$	3337,45
NPAID BILLS (From Schedule D - Attach Schedule D), KIND CONTRIBUTIONS (From Schedule E - Attach Schedule UTSTANDING LOANS (From Schedule F - Attach Schedule NDIDATE COMMITTEES ONLY: NSULTANT BREAKDOWN (Schedule G Attached?)	le E)	\$	YESNO
UE OF CAMPAIGN PROPERTY (From Schedule H - Attach	Schedule H)	\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be s	same as on Statement of Organization)	
ILTA	DAC	

SCHEDULE				
Α	MONETARY			
(Rev. 02/96)	RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
	ID#			\$
	CK#			
	ID#	Contribution Shown		
	CK#	at Item No 4 M		
··· · · · · · · · · · · · · · · · · ·	ID#	Para I of Salapolula		
	CK#	Rage 1 of Schoolule A for Tom Louden		
	ID#	Showed an amount		
	CK#	have been \$150.00	0	
	ID#	David back #150 00		
	CK#	have been thise w		
	ID#	Schedule A is amend	pd	
	CK#	from #2000-00 to #2050:00 for a to		
······································	ID#	#7050,00 for a to	al.	
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	ID#			
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	ID#			
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	ID#			
	CK#			
			SUB-TOTAL	

TOTAL (if last page of this schedule)

s 205000

Page of for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM	.e		FORM	
DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be game as on Statement of Org]	DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
IMPORTANT: Indicate type of committee you are reporting for:			For Office Use Or Comm. # Indexed SW	9655
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4 (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Ce (8)Support State of Candidates)County/Local Candidate ntral Committee		Audited	
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party		MUL 2 0 200	Ì.c.
Office Sought	District (if Senate or Hous	1	pm7-19	
SIGNATURE OF TREASURER (or peason filing this report)	641 BSB TELEPHONE	-54	96 10 DATE SI	Alok
SIGNATURE OF TREASURERY OF PERSON HINING UNIS TEPOTO	TELEPHONE		DATES	IGRED
Routine Penalties Due For Late SEE INSTRUCTIONS ON BACK AND COMPLETE THE I AM FILING A 19 (report date) CHECK IF AMENDMENT TO REPORT DATED	FOLLOWING SENTENG REPORT FOR AN/A (1) EL In	ECTION	/(2)NON-ELECT	
		2002 00		
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss			Local Committees, ection is held	enter County In
	OF CASH ON HAND			
	is the total of all monles he the cash on hand at the en	d	128	37. <i>45</i>
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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(including candidate's personal funds)		ET CUECULE DOVE
COMMITTEE NAME (Must be same as on Statement of Organization)	7	CHECK THIS BOX II AMENDING FORM
ILTA PAC	,	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	The OLIVES
<i>-1</i>	ID#	Kent Glonn, A.		¢.
5/21/04	CK#	9400 Carmel Dr. Johnston IA 50/3/	HONE	\$ 40000
	ID#	Chris Hoech		
<i>j</i> 1	CK#	1107 McKinster ST KNOXVILLE FA SD138	11	100,00
	ID#	Nik Peiffer		
l)	CK#	4747 2012 St Grinnell IA 50112	11	10000
	ID#	Tom Louden		
(1)	CK#	905E Adams Fairfield IA 52556	(1	10000
	ID#	Brent Harstad,	!	
(1	CK#	1800 ville IA 52341	/(100.00
	ID#	Lori Kadrlik		
11	CK#	Carner IA SO438	11	200,00
	ID#	John Eisenman		
Ŋ	CK#	1303 12th Aug No Cluston IA 52732	(1	100,00
	ID#	Mark Mallicoat		
11	CK#	1019 8th Aug M Clinton IA 52732	11	10000
	ID#	Tim Reilly		
1(CK#	Cadar Falls +4 SD1013	(1	20000
	ID#	Kevin Christie.		
11	CK#	1007 Twin Pines Ar Fan Grove IA 51445	11	100.00
			SUB-TOTAL	· 1500.00
		TOTAL (if last page	of this schedule)	s (500,00
10 The (Il last page of allo schedule)			\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____

SCHEDULE

(Rev. 02/96)

MONETARY

RECEIPTS

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	. ((Rev. 02/96)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		٠	CK THIS BOX IF NDING FORM
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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
5/21/04	ID#	Bill Price 9349 Casjight Dr Burlington IA 52601	NONE	\$ 10000
11	ID# CK#	Wayng Harmening 710 = 212 hr St. Parion IA 51401	//	10000
/ı	ID# CK#	Mark Harmening 2509 Forest Dr Carroll IA 51401	((100.00
it	ID# CK#	Dorald Guisinger 4320 Beauer Mils Dr. Des Moines IA 50310	/ (10000
ž Ę	ID# CK#	Charles Juhl Tail 4079 Codar Haghts Tail 4000 Point I 450013	(1	10000
	ID# CK#			
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<u> </u>	<u> </u>		SUB-TOTAL	- GODINE)

SCHEDULE

MONETARY

TOTAL (if last page of this schedule)

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